

**CALIFORNIA STATE EMPLOYEES' CHARITABLE CAMPAIGN  
2003 NONAFFILIATED BENEFICIARY APPLICATION**

California Government Code section 13923 and Title 2, California Code of Regulations, section 663, govern the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (Board) approved Principal Combined Fund Drive (PCFD).

**FORM INSTRUCTIONS**

**The following items must be returned to the Board in order to be considered for approval in the 2003 Campaign. The complete application must be postmarked no later than March 28, 2003.**

1. Complete sections I-IV, **including an original signature**
2. A copy of your 501(c)(3) documentation, including a letter from the IRS or other state issued documentation authorizing any legal name change.

**Please Note:**

- *Facsimile or photocopied applications will **not** be accepted.*
- Do not submit a Non-Affiliate application if you are an affiliate of a PCFD.

*Pursuant to the legal authority cited above, the following organization hereby applies to the Board to (1) be included, by name, in the literature distributed during the 2003 California State Employees' Charitable Campaign (Campaign) by the organization(s) approved by the Board to serve as the PCFD for the area(s) listed in Section II below; and (2) receive contributions that State officers and employees may designate to our organization*

**I. ORGANIZATION NAME** as recognized by the I.R.S. as 501(c)(3) exempt; any changes must have supporting documentation attached, i.e. d.b.a. or fictitious business name.

**2003**

**NAFF**

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

PRIMARY CONTACT PERSON NAME: \_\_\_\_\_

PRIMARY CONTACT PERSON TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ORGANIZATION WEB PAGE ADDRESS: \_\_\_\_\_

**FEDERATION INFORMATION:** *All mail will be sent to this address unless otherwise noted.*

A Federation is defined as any organization that represents another organization in the Campaign, excluding PCFD's

FEDERATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**SBOC USE ONLY**

CSECC ID No.

**II.** Please place a check mark next to the names of the California counties where your organization normally solicits contributions. If your organization normally solicits from all California counties, please indicate "statewide."

<input type="checkbox"/> Alameda	<input type="checkbox"/> Glenn	<input type="checkbox"/> Marin	<input type="checkbox"/> Placer	<input type="checkbox"/> San Mateo	<input type="checkbox"/> Sutter
<input type="checkbox"/> Alpine	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Mariposa	<input type="checkbox"/> Plumas	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Tehama
<input type="checkbox"/> Amador	<input type="checkbox"/> Imperial	<input type="checkbox"/> Mendocino	<input type="checkbox"/> Riverside	<input type="checkbox"/> Santa Clara	<input type="checkbox"/> Trintiy
<input type="checkbox"/> Butte	<input type="checkbox"/> Inyo	<input type="checkbox"/> Merced	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Tulare
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Kern	<input type="checkbox"/> Modoc	<input type="checkbox"/> San Benito	<input type="checkbox"/> Shasta	<input type="checkbox"/> Tuolumne
<input type="checkbox"/> Colusa	<input type="checkbox"/> Kings	<input type="checkbox"/> Mono	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Sierra	<input type="checkbox"/> Ventura
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Lake	<input type="checkbox"/> Monterey	<input type="checkbox"/> San Diego	<input type="checkbox"/> Siskiyou	<input type="checkbox"/> Yolo
<input type="checkbox"/> Del Norte	<input type="checkbox"/> Lassen	<input type="checkbox"/> Napa	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Solano	<input type="checkbox"/> Yuba
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nevada	<input type="checkbox"/> San Joaquin	<input type="checkbox"/> Sonoma	
<input type="checkbox"/> Fresno	<input type="checkbox"/> Madera	<input type="checkbox"/> Orange	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Stanislaus	<input type="checkbox"/> <b>STATEWIDE</b>

**III.** Please provide a statement, no greater than 25 words in length, describing your organization's activities. Your web address may be included and will not be counted as part of the 25 words. This statement may or may not be included in the local Campaign Brochures.

*Any modifications may be made by lining out information that is being changed and writing in the desired wording.*

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No changes are necessary. Please continue to use this statement.

**IV.** As conditions for approval of this application:

- A. **We agree** that any PCFD approved by the Board for the 2003 Campaign may, prior to transmitting to us the contributions designated to our organization, deduct a percentage amount for the reimbursement of PCFD fund-raising and administrative expenses. We understand that the Board-approved percentage rate for this deduction will be published in the Campaign literature distributed by the PCFD to State officers and employees.
- B. **We acknowledge** that this original application form must be completed and received at the Board's office no later than the date specified by the Board.
- C. **We acknowledge** that timely submission of a completed application form to the Board is necessary to ensure that our organization will, if approved by the Board, be included, by name, in the Campaign literature distributed by the PCFD to State officers and employees.
- D. **We certify under penalty of perjury:**
  - (1) *That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code and paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and*
  - (2) *That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Section 12900).*

2003

NAFF

CSECC ID No.

**IV.** As conditions for approval of this application, continued:

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Organization Name (as indicated on page 1)

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**Original** Signature of Authorized Officer (blue ink preferred)

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Date

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Typed or Printed Name of Authorized Officer

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Authorized Officer Title

Return this completed application to:      Victim Compensation and Government Claims Board  
Attn: Campaign Coordinator  
630 K Street  
Sacramento, CA 95814

PLEASE DO NOT SEND EXTRA COPIES OF THE APPLICATION OR  
INFORMATION NOT REQUESTED.

PLEASE DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY QUESTIONS.  
Our toll free number is 1- (800)-955-0045.

CSECC Law, rules and policies, as well as copies of the application and instructions can  
be downloaded by visiting our website at: [www.boc.ca.gov/csecc.htm](http://www.boc.ca.gov/csecc.htm)

2003

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